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Bib Data Sheet

CONFIRMATION NO. 3568

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/939,119 | <b>FILING DATE</b><br>08/24/2001<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1656 | <b>ATTORNEY DOCKET NO.</b><br>AFFYP016C1 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**  
Robert J. Lipshutz, Palo Alto, CA;  
Ronald Sapolsky, Mountain View, CA;  
Ghassan Ghandour, Atherton, CA;

**\*\* CONTINUING DATA \*\*\*\*\***  
X THIS APPLICATION IS A CON OF 08/853,370 05/08/1997 PAT 6,300,063  
WHICH IS A CIP OF 08/563,762 11/29/1995 PAT 5,858,659  
AND CLAIMS BENEFIT OF 60/017,260 05/10/1996

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
Jh

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 11/06/2001

|  |  |                               |                             |                          |                                |
|--|--|-------------------------------|-----------------------------|--------------------------|--------------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Examiner's Signature <u>                    </u> Initials <u>                    </u> | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>10 | <b>TOTAL CLAIMS</b><br>7 | <b>INDEPENDENT CLAIMS</b><br>1 |
|--|--|-------------------------------|-----------------------------|--------------------------|--------------------------------|

**ADDRESS**  
26541

**TITLE**  
Polymorphism detection

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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